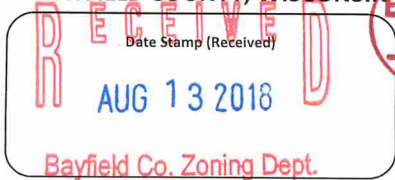


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0312
Date:	8-24-18
Amount Paid:	\$75 8-14-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER (at Bay)			
Owner's Name: John + Gregg MAGNUSSON	Mailing Address: 77700 WASHINGTON AVE WASHBURN WI 54891	City/State/Zip: WASHBURN WI 54891	Telephone:
Address of Property: 77700 WASHINGTON AVE	City/State/Zip: WASHBURN WI 54891	Cell Phone: 715 209-2283	
Contractor: SELF	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 6985	Recorded Document: (i.e. Property Ownership) 2010 R 533334
1/4, 1/4	Gov't Lot	Lot(s)	CSM
			Vol & Page 1042 176
			Lot(s) No. 20
			Block(s) No.
			Subdivision: AA Bigelow & Co
Section 29, Township 49 N, Range 04 W	Town of: BAYVIEW	Lot Size	Acreage 9.105

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 90 FT / SOUTH, 126 EAST feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 1,500	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Gravel	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> NONE		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> CAR PORT		<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 25	Width: 18	Height: 10

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) CAR PORT	(18 X 25)	270
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gregg a Magnusson John Magnusson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4/18/18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

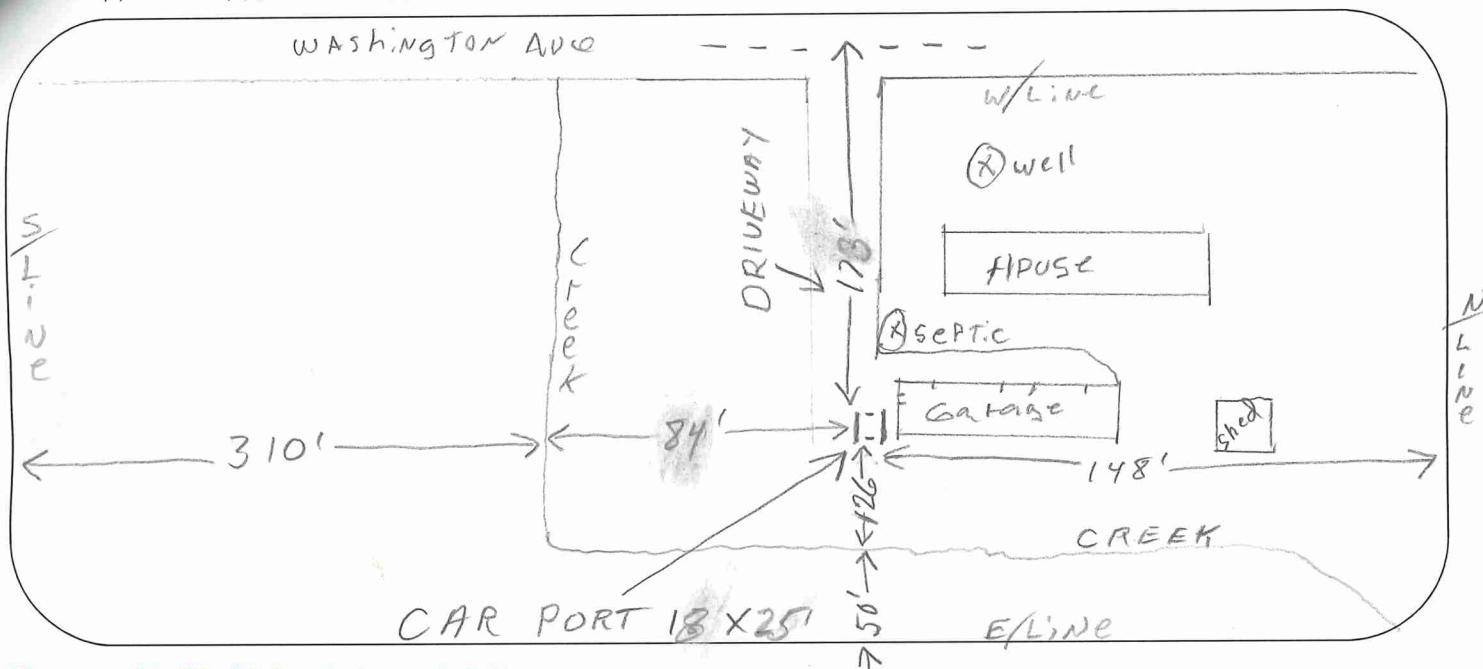
Date _____

Address to send permit Same as above

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan
 (3) Show Location of (*): (* Driveway and (*) Frontage Road (Name Frontage Road)
 (4) Show: All Existing Structures on your Property
 (5) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (*) Privy (P)
 (6) Show any (*): (* Lake; (* River; (* Stream/Creek; or (*) Pond
 (7) Show any (*): (* Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	178 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	160 Feet	Setback from the River, Stream, Creek	90-S / 126 E Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	148 Feet	Setback from Wetland	NONE Feet
Setback from the South Lot Line	~400 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	~190 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	~175 Feet		
Setback to Septic Tank or Holding Tank	72 Feet	Setback to Well	150 Feet
Setback to Drain Field	NONE Feet		
Setback to Privy (Portable, Composting)	NONE Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 389383	# of bedrooms: 2	Sanitary Date: 11/7/01
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0817		Permit Date: 8-24-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No owner present	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Nelson (1985)	
Inspection Record: Landowner present at inspection. South side of proposed structure is 83' from edge of intermittent stream. Structure will be 9' south of garage. No evidence of erosion along stream/bank - all vegetation. Project appears code compliant.			Zoning District (A61)	
Date of Inspection: 8/22/18			Lakes Classification ()	
Inspected by: Todd Norwood			Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Structure shall not be used for human habitation/sleeping purposes. No pressurized water in structure without approved connection to POTWS. Must meet and maintain set-backs.				
Signature of Inspector: Todd Norwood			Date of Approval: 8/22/18	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
May Also Be Required

AND USE - **X**
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0317** Issued To: **Gregg & John Magnusson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **29** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot **20** Block Subdivision **A A Bigelow & Co** CSM#

For: **Residential Accessory Structure: [1- Story; Car Port (18' x 25') = 270 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 24, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ATF \$175.00 X 2

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 06 2018

ENTERED

Permit #:	18-0316
Date:	8-24-18
Amount Paid:	\$175 8-6-18 \$175 8-6-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Crescent Holdings</u>	Mailing Address: <u>313 Arbor Court NW</u>	City/State/Zip: <u>Pine Island, MN 55963</u>	Telephone: <u>507-281-7999</u>
Address of Property: <u>Gov 20R 53E 33-50-4</u>	City/State/Zip: <u>Town of Bayview, Bayfield Co WI</u>	Cell Phone: <u>507-281-7999</u>	
Contractor: <u>Crescent Builders</u>	Contractor Phone: <u>507-281-7999</u>	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot 34</u>	Tax ID# <u>6730</u>	Recorded Document: (Showing Ownership) <u>2016 R 566358</u>
Section <u>33</u> , Township <u>50</u> N, Range <u>04</u> W	Town of: <u>Bayview</u>	Lot Size <u>1NREG</u>	Acreage <u>5.06</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : <u>< 1000' / no structure</u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$ <u>500.00</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> NA
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> NA	Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Compost Toilet	
	<input checked="" type="checkbox"/> Grading			<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>80</u>	Width: <u>60</u>	Height: <u>8</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) <u>shoreline grading</u>	(<u>80</u> X <u>60</u>)	<u>4800</u>
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Crescent Holdings / Richard Penner
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7/30/18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: 313 Arbor Court NW Pine Island, MN 55963

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

see attachment A

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	55 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	0 Feet	Setback from the River, Stream, Creek	- Feet
		Setback from the Bank or Bluff	80 Feet
Setback from the North Lot Line	Hwy 13 Feet	Setback from Wetland	- Feet
Setback from the South Lot Line	Lake Superior Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	600 +/- Feet	Elevation of Floodplain	- Feet
Setback from the East Lot Line	500 +/- Feet		
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	None Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 18-0316		Permit Date: 8-24-18					
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record) 262/77		<input type="checkbox"/> No			
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input checked="" type="checkbox"/> No		Mitigation Required	
Is Structure Non-Conforming		<input type="checkbox"/> Yes No Structure		<input checked="" type="checkbox"/> No		Mitigation Attached	
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Case #: NA				Case #: NA			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grading		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Grading Activity, Noted Adjacent to Hwy 13. ATF Permit required.				Zoning District: (R2B)		Lakes Classification: (1)	
Date of Inspection: 7/17/2018		Inspected by: Robert Schumann				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)							
Must use Best Management Practices and Employ Erosion control measures to prevent silt & sediment from entering Lake Superior. Erosion control must remain in place until revegetation is complete.							
Signature of Inspector: [Signature]						Date of Approval: 8/17/18	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

City, village, State or Federal
Also Be Required
After-the-Fact
LAND USE – **X**
SANITARY – **None**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0316** Issued To: **Crescent Holdings LLC**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **33** Township **50** N. Range **4** W. Town of **Bayview**

Par in
Gov't Lot **3** Lot Block Subdivision CSM#

For: **Residential Other: [Shoreland Grading (80' x 60') = 4,800 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must use best management practices and employ erosion control measures to prevent silt and sediment from entering Lake Superior. Erosion control must remain in place until revegetation is complete.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

August 24, 2018

Date

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District <u>F1</u>
Lakes Class <u> </u>

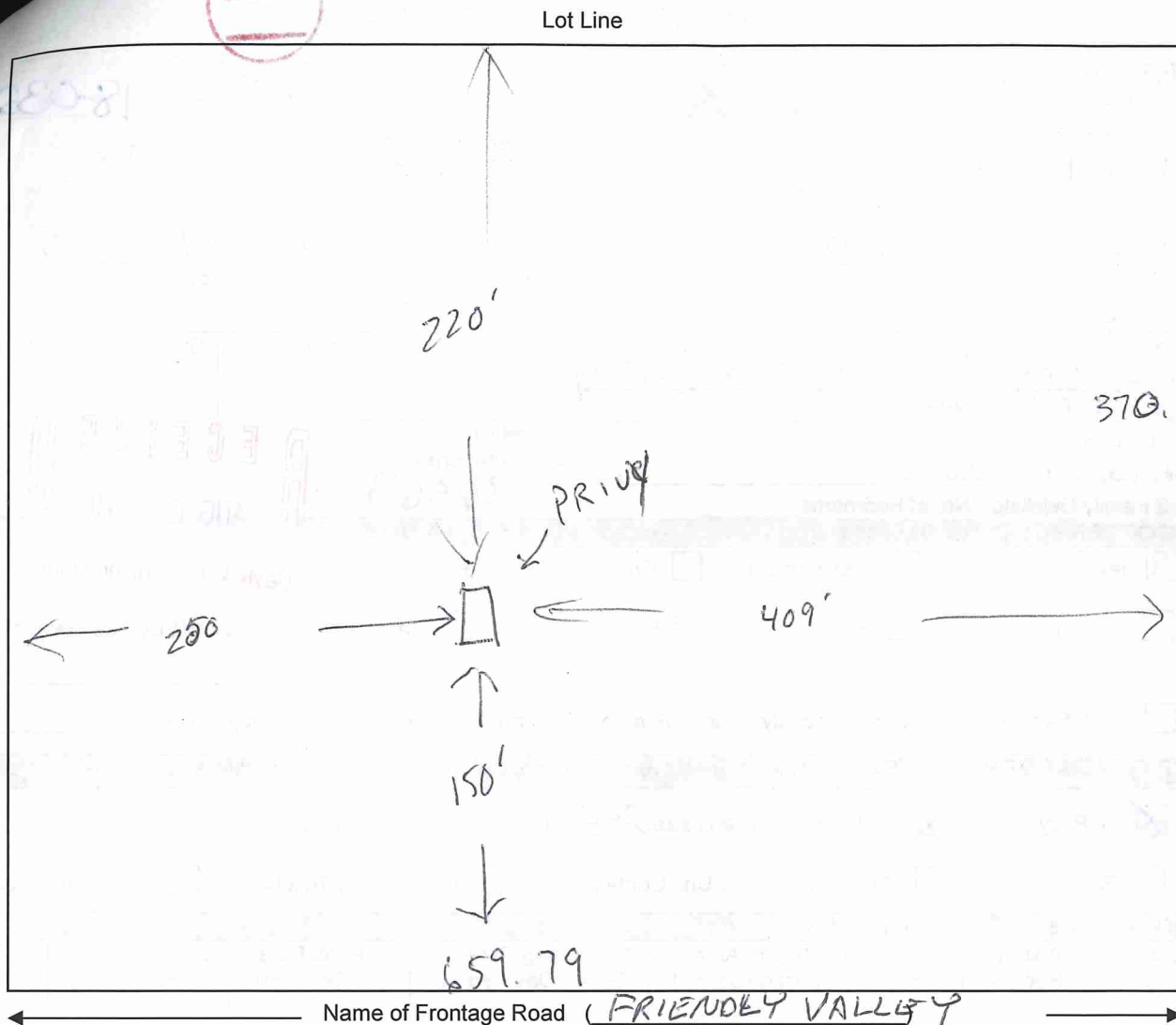
I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No: <u> </u>		County Permit No: <u>18-0324</u>						
Property Owner's Name: <u>Mitchel Bohm</u>				County: <u>Bayfield</u>								
Address of Property: <u>FRIENDLY VALLEY RD</u>				Property Location: <u>NE 1/4 SE 1/4, S 15 T 49 N, R 5 E (or) W</u>								
Property Owner's Mailing Address: <u>668 BOW BELLS RD</u>				Township: <u>BAYVIEW</u>		Gov. Lot #: <u> </u>						
City, State: <u>ONEIDA W</u>	Zip Code: <u>54155</u>	Phone Number: <u>920 969 2374</u>	Lot #: <u> </u>	Block #: <u> </u>	Subdivision Name or CSM #: <u> </u>							
II. TYPE OF BUILDING: (Check One)				<div style="color: red; font-size: 2em; font-weight: bold; transform: rotate(-90deg); display: inline-block;">RECEIVED</div> <div style="color: blue; font-weight: bold;">AUG 01 2018</div>								
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose <u> </u>) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u> </u>												
Parcel ID Tax Number(s): <u>36967</u>												
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)												
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) <u> </u> <div style="text-align: right; color: red; font-weight: bold;">Bayfield Co. Zoning Dept.</div>												
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u> </u> Date Issued: <u> </u>												
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above												
C) <input checked="" type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>250</u> gallons or <u> </u> cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet												
V. ABSORPTION SYSTEM INFORMATION:												
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)						
VI. TANK INFORMATION:		Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
		New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<u>250</u>				<u>ABC Tanks</u>					<u>X</u>	
Lift Pump Tank / Siphon Chamber												
VII. RESPONSIBILITY STATEMENT:												
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.												
Owner's Name(s): (Print) If applying for Section C above <u>Mitchel Bohm</u>						Owner's Signature(s): (No Stamps) <u>[Signature]</u>						
Plumber's Name: (Print) If applying for Section A or B) above <u> </u>					Plumber's Signature: (No Stamps) <u> </u>				MP/MPRSW No: <u> </u>			
Plumber's Address: (Street, City State, Zip Code) <u> </u>					Home Phone: <u> </u>				Business Phone: <u> </u>			
VIII. COUNTY / DEPARTMENT USE ONLY												
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$150 8-3-18</u>		Date Issued: <u>8-24-18</u>		Issuing Agent's Signature / Date: <u>[Signature]</u>						
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:												

Rec'd for Issuance

AUG 22 2018

Secretarial Staff

Plot Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

- | | | |
|---|---|-------------|
| a. Building to all lot lines | i. Privy to building | NO BUILDING |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond | NONE |
| c. Building to lake, river, stream or pond | k. Drain field to closest lot line | NONE |
| d. Septic / holding tank to closest lot line | l. Drain field to building | NONE |
| e. Septic/holding tank to building | m. Drain field to well | NO WELL |
| f. Septic / holding tank to well | n. Drain field to lake, river, stream or pond | NONE |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building | NO BUILDING |
| h. Privy to closest lot line | | 150' |

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

n, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0324** Issued To: **Mitchel Bohm**

Location: - ¼ of - ¼ Section **15** Township **49** N. Range **5** W. Town of **Bayview**

Gov't Lot Lot **2** Block Subdivision CSM# **1894**

For: **Residential Other: [Vaulted Privy (250 Gallon)]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

August 24, 2018

Date